1808

Nepotitis

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A Dissertation on Hepatitis

for the degree of

Doctor of Medicine

submitted to the examination of the

Rev. James McDowell L.L.D.

Provost, the

Trustees and Medical Professors

of the

University of Pennsylvania

on the 27th day of April, 1808

by

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of

Virginia.

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One motive alone actuates me in writing the present essay. The laws of the university render it necessary. The length of time allowed for its preparation is less than would be requisite to write an experimental essay & more than would be requisite to write on a practical subject.

I have chosen hepatitis or the inflammation of the liver for the subject of the following short & imperfect dissertation. Every disease

has been written on so often and so ably that I despair of offering a single original remark. Hepatitis is either acute or chronic. Dr Rush considers it as a bilious fever concentrated in the liver. This he infers from its occuring in those places most subject to bilious fever - from its most frequently attacking in those seasons in which bilious fever prevails and from those persons being peculiarly liable to it who are frequently affected with bilious fever. He classes it as a misplaced state of fever, in which from predisposing

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debility and from the force of the remote cause, morbid action is thrown chiefly from the blood-vessels and accumulated in the liver. According to the observation of Dr Clark of Dominick it affects men more than women. Hepatitis resembles yellow-fever in rarely attacking under puberty. No viscus is attended with such a variety of symptoms when diseased as the liver. This variety is occasioned by the different seats of the affection.

The symptoms of this disease are, a strong, full pulse, pain in the region of the liver, a difficulty of lying

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on the left side, & painful respiration. There is sometimes a translation of morbid uniment to the head producing delirium. The pulse occasionally continues natural thro' the whole course of the disease. The urine is yellow & secreted in small quantity. & troublesome, dry cough is a frequent attendant. The pain in the right hypochondre is sometimes absent. When the superior part of this organ is affected acute shooting pains in the thorax extending to the shoulder with a few of the symptoms already enumerated are the results. If the inflammation attack the convex surface of the liver so that the peritone-

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um becomes affected, the pain is increased considerably by external pressure and some degree of tumour may be observable. The state of the stomach is extremely variable, at one moment it will be free from nausea and sickness and at the next so extremely irritable that violent retching and vomiting will occur.

That Hepatitis is a state of fever the strong, tense pulse; the pain in the head &c and the method of cure evince most satisfactorily.

Chronic hepatitis is known by a sensation of weight and oppression in the right hypochondrea and of pain, sometimes without but always in some degree upon

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the application of pressure to the part, by pain in the right shoulder, a numbness in one leg or in one arm, & by a hardness in the lower edge of the liver.

The acute and chronic states alternate with each other. In hepatitis patients are unable to sneeze even when the most powerful sternutatories are taken into their nostrils.—

An affection of the liver sometimes exists and an absorption of the whole of it except the large blood-vessels sometimes takes place unaccompanied by any symptom indicative of disease in this organ. The famous Sir Wm Jones fell a victim to the secret workings of this insidious af-

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section. In obedience to a request which he had frequently made his viscera were examined and to their astonishment his physicians perceived that nearly the whole of his liver was removed by absorption.

Hepatitis terminates in resolution, suppuration, schirrus, dropsy and sometimes tho: rarely in gangrene.

When it terminates in resolution it is the consequence of some evacuation. A hemorrhagy from the nose or from the hemorrhoidal vessels frequently produces the happy effect. A diarrhoa by translating morbid excitement to the intestines has cured this disease. Copious discharges

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by the kidneys & skin have likewise contributed to the same event. But if resolution be not accomplished & the symptoms of fever and local pain be increased, suppuration quickly ensues, a considerable quantity of pus is formed, a prominent tumour appears & a fluctuation may be perceived so as successfully to direct the operation of the surgeon to an opening with the lancet.

Frequent rigors are felt during the formation of pus & a sense of weight and oppression succeeds that of acute pain. An accession of fever towards the evening, with flushings of the countenance, a propensity to profuse sweating and other symptoms of hectic fever follow suppuration. An inability to move

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the lower extremities Dr. Rush has observed as evincive of the same effect.

After suppuration an external tumour is not always observable, for it happens by no means unusually that pus is formed either in a part of the liver contiguous to the ducts or on its concave surface.

The discharges of the tumour are various & depend upon its seat. If no adhesions have taken place between the suppurated part and those in its vicinity the matter will be emptied into the abdomen and death will be the consequence. But if the convex part of the liver be affected and adhesions have formed between it & the peritoneum the matter will be discharged externally by means of ulcera=

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tion. If the adhesion be to the diaphragm the pus may pass through it & be thrown into the cavity of the thorax and by further adhesions into the lungs & pericardium. Adhesions may likewise be formed with the cystic or hepatic ducts, the ductus communis, the stomach, the duodenum or the colon.

Dr Rush mentions the case of Dr Redman in whom the abscess opened into the lungs, whence its contents were ejected by expectoration. But when the discharge is suddenly thrown upon them it more commonly proves fatal by producing suffocation. The matter discharged is a mixture of pus with bile, mucus, or blood and sometimes in as large a quantity as a gallon in 24 hours. The diseases which most resemble

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hepatitis & for which it may be mistaken are, pneumonia vera, biliosa & notha, inflammation of the stomach and rheumatic affections of the muscles in the neighbouring parts.—

The severe pain, disagreeable cough & uneasy respiration which frequently attend hepatitis, render it difficult to distinguish it from the pulmonary states of fever just mentioned. The sensation of heat which affects the stomach in gastritis, and the great debility under which the patient labors will distinguish it from hepatitis.

The rheumatic affection may be known by the pain being more diffused and frequently alternating with a pain in one of the joints. The arterial action is also

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little influenced by the latter affection.

Upon dissection the following conditions of the liver have been discovered – 1st hydatides have been seen, 2nd ly scrophulous tumours, 3rd ly large worms, 4th ly inflammation, 5th ly abscesses, 6th ly schirrosity, 7th ly biliary concretions, & 8th ly a considerable absorption of its substance.

The remote causes of hepatitis are, intemperance in the use of ardent spirits, hence drunkards are subject to diseases of the liver – The immoderate use of highly seasoned aliment – violent exercise – sea-sickness – heat, hence in hot climates & in hot seasons the vast number of bilious diseases – mania – gout – contusions

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on the head – passions of the mind – change of diet, after having been restricted for some time exclusively to a vegetable or an animal diet – bad water, according to Girdlestone & Cleghorn – but the most prolific source of this disease is marsh miasmata. Morbid action is invited to the liver by previous debility which is the sole predisposing cause of every disease – and in consequence of this predisposition the remote likewise becomes the exciting cause. The proximate cause is the increased or irregular action constituting the disease. I shall now proceed to speak in a few words of the method of cure. In acute hepatitis

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early & copious blood-letting are necessary in order to prevent suppuration. The pulse should be our principal guide in prescribing this remedy. If it be full or tense accompanied with a severe pain in the head or side & uneasy respiration we should not hesitate to use the lancet freely. The bowels should be kept open by the frequent use of active cathartics. Enemata should be frequently given to supply the place of obstructed bile.

Dr Barton has employed digitalis in combination with nitre as an auxiliary to blood-letting with considerable advantage. It lessen'd the arterial action and thereby relieved the most distressing

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symptoms of this disease. After the inflammatory state of the system is somewhat reduced by the above means, blisters shd be frequently applied to the affected side also cups & leeches, the actual & potential cautery, issues &c.

Whenever the excitement of the system is reduced below the healthy point we should have recourse to stimulating & tonic remedies. — But next to the use of the lancet I believe that mercury given so as to excite a salivation has proven most benificial. It would be useless to dwell upon the different opinions respecting the operation of mercury. It is enough that we know it has no specific

action on the liver & that its good effects are produced by translating morbid action to a less vital part. The acute and chronic hepatitis are to be cured by the same remedies differently prescribed. In the latter affection we should bleed oftener but in smaller quantities — and a salivation should be particularly depended upon in order to effect the cure &c &c

The following account of the treatment of a violent case of hepatitis will afford some evidence of the correctness of the practice I have adopted.

T. M. aged 18 years, of a dark complexion & of that peculiar cast of features which marks an active mind was attacked with the usual symptoms of bilious fever. On the 16th of Sept. he was visited by a physician a few hours after a severe chill which lasted upwards of 40 minutes alternating with slight flushes. He was

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restless; complained of excessive heat and of a disagreable heavy sensation which "stop'd up his passages". Inflammation of the liver was not suspected. His pulse was full & strong, indicating a high degree of excitement. Ten ounces of blood were immediately taken from him & 8 grs of calomel & 12 of jalap were prescribed, to be taken in syrup - his drink was lemonade. Sept 17th - at 7 O'clock A.M. he was considerably worse, highly delirious, his eyes red & fierce, every feature distorted & expressive of wildness & mental derangement. His tongue was dark on its superior or upper part & of a bright yellow color on the edges. His skin was so intensely hot that it was disagreable to the touch. His pulse was not so full as it was on the 16th but irregular & extremely tense. The purgative given the preceding day had not

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operated. His urine was yellow & secreted in small quantity. It scalded the urethra & gave some uneasiness in the neck of the bladder. He was now seized with an acute pain in the right side which extended to the shoulder. On examination it was discovered that the liver was enormously enlarged, reaching over to the left side. The blood which when drawn on the 16th was remarkably thin or fluid, now resembled thick blackberry jelly & appeared to be incapable of being oxygeded. Fifteen ounces of blood were now taken from him & the former purgative repeated. A blister 4 inches square was applied to his right side. — At 6 O'clock P. M. all of the symptoms were aggravated. There had been no evacuation of any kind except of urine & that in small

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quantity. The blister had not drawn. His pulse was still tense. Ten Ounces of blood were again drawn & an ounce of castor oil given to the patient. Sept. 18th He was seized with a chill at 8 in the morning. His eyes had lost their fierceness; were watery & yellow. His pulse was less tense, his skin hot & dry, his tongue black & free from moisture, no discharge by stool that by the kidneys inconsiderable. The blister had not drawn well — the pain in the side still severe. The patient lost ℥ ℥ of blood — gr. 10 of calomel & ℈ 5 of jalap were given him. An enema of castor oil, molasses & water, was also administered. The injection returned in half an hour accompanied by a small quantity of hardened faeces. In 2 hours after

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hardened faeces of a dark color & of offensive smell were again discharged. Thirty minutes had not passed before he threw up from his stomach a small quantity of vicid, dark bile. The vomiting was soon followed by a copious stool of half of a gallon of dark thick bile by measure. — At 6 O'clock P.M. he was affected with low delirium & distressing vomiting, his pulse was weak & quick, his eyes inanimate, his tongue black & dry — he had frequent evacuations by stool. A blister was applied to his affected side — 2 grs. of calomel & ½ of a gr. of opium were given every three hours with a view to induce salivation & to excite his system which was evidently debilitated. —

On the 19th he was much better — he had slept well the night before — he felt no pain & the

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tumour had diminished considerably – his pulse was soft & much slower – his skin cool & moist – the blister had drawn well. The calomel & opium were continued as above. In the evening a small degree of moisture appeared on the edges of the tongue & the pulse was nearly natural. The calomel & opium were continued. — On the 20th in the evening a salivation was induced which continued 3 or 4 days. The health of the patient was in a few weeks perfectly restored without the further aid of medicine.

He was directed to live temperately, to avoid the use of spirituous liquors & to return gradually to former habits.